Notes

Children and Youth Behavioral Health Work Group (CYBHWG)

October 14, 2024

Watch on TVW

Framing and Orientation

See TVW recording (22:00)

Highlights

- There is a need to prioritize recommendations due to the billion-dollar deficit the state budget is facing.
- The Governor's office is currently looking at budgets and expressed the importance of continuing to think about how we can make progress even when the budget is tight.

Opportunity for other legislators to comment

- *Senator Wilson* – We do not want to lose the "go big or go home" but we need to identify and be ready with incremental steps; thinking about what the priory is and to make sure we are lifting up the things that will make the greatest difference.
- *Senator Warnick* – Appreciate the realistic approach around the budget shortfall, with the effort on moving forward to continuing the work and realistically thinking about what we can do in 2025.
- *Representative Eslick* – It will be important to keep our eye on the ball, and our eye on prevention. The work done on this work group is amazing and we just need to push forward. Know that there will be some things that won't happen, but we already know that it takes time to get things done.
- *Representative Callan* – The administration change is also new for this work group; they might use/tweak the existing gov exec branch budget, another added layer to the context.
    - Appreciate that even when we, as legislators, are working in tough budget times, my legislative colleagues still value the work that the work group is doing with the encouragement to keep pushing forward.

Overarching Recommendation Vote and Discussion

See TVW recording (39:09)

- Overarching defined
    - Recommendations that we all agree should be elevated because they:
        - Address cross-cutting challenges that don't fall within the purview of an individual subgroup;
        - Have the potential for system-level impact; and/or
        - Support the development of the Strategic Plan.
- Overarching recommendations
    - Opioid settlement prioritizations and HCA decision packages related to substance/opioid use.
    - Maintenance funding expansion for Partnership Access Line (PAL) & Referral Service.

- Extend the timeline of House Bill 1580 (2023).
- Ensure viable and appropriate implementation of the Certified Community Behavioral Health Clinic (CCBHC) model.
- Ensure pediatric Community Health Workers (CHWs) are a sustained and viable workforce.

MentiMeter vote – Overarching Recommendations

- vote results (member consensus)
  - 90% yes,
  - 10% yes with discussion,
  - 0% no
- Consensus was received by members to move the overarching recommendations forward.

Comments / Q&A

- It is important to remember/note co-occurring diagnoses.
- Access for Black, Indigenous, and People of Color (BIPOC) folks is totally different than folks enrolled in tribes – might need some language work
  - I think this is high enough level but thank you for calling that out. There's a relationship between tribes and those opioid settlement conversations.
  - The opioid tribal summit was instrumental in this work.
- Rulemaking has been impossible to keep up with after a short session; we need to be careful about prioritizing and not proposing too much.
- Q - Transitional Age Youth (TAY) will be very important; is there funding in the budget?
  - Package is in the Governor's budget
    - Many things considered in the package, but parenting and pregnant women were not.
- Were these cross walked? Other things that were considered by the group or no?
  - These recommendations are not in competition. Want to maximize every dollar from every direction and braid together. We know this is a priority and issue, but there wasn't bandwidth in the subgroups.

Legacy Recommendation Vote and Discussion

See TVW recording (1:20:36)

- Legacy defined
  - Recommendations the Work Group has supported previously that need additional funding or further action and:
    - Have a history of legislative progress
    - Build upon previous initiatives
    - Have clear and ongoing legislative support

MentiMeter vote results – Legacy recommendations (member prioritization)

1. Expand Early ECEAP Birth-3
2. BH teaching clinic designation and enhancement rate
3. Increase investment in IECMH-C (Holding Hope)
4. Conditional Scholarships
5. Expand the ECEAP Complex Needs Fund

6. MH Literacy coordinator
7. Fund and supervise stipend program

Consensus vote results on advancing set of prioritized legacy recommendations

- 29 yes
- 0 no
- 0 yes with discussion

Comments

- I wonder if stipend should be dropped since it is already in maintenance budget.
    - I'm worried about supporting supervisor stipends for private practice – there's no better growth as a clinician than in community clinic setting.
    - Another piece that's hard, we don't want folks to go outside of clinics for supervision
    - This was supposed to be a small program. Wanted to take a comprehensive look and see how entire agency benefits
- Not everyone is going to go into community BH. If they go work in a school, primary care, etc. they have to have supervision. I wouldn't agree with taking it off, but I understand if we want to include it as a support item instead since it's in maintenance level. I'm also at a loss for why workforce issues rank low when they are crucial to all sectors.

Subgroup Present Proposed Recommendations

See TVW recording (2:02:40), see page xx for slides

Highlights

Behavioral Health Integration (BHI)

- Implement a health plan assessment to fund Medicaid mental health counseling "professional fees" at Medicare rates
- Develop and pilot a dyadic benefit to allow mental health professionals to provide BH supports to young children who may present with symptoms that do not merit a diagnosis
- Research Units in Behavioral Intervention (RUBI) parent training program pilot expansion

Prenatal through Five Behavioral Health (P5RH)

- Increase family psychotherapy reimbursement rate
- Sustainable funding to enhance behavioral health capacity among providers supporting parents, infants & families following a Neonatal Intensive Care Unit (NICU) stay and/or diagnosis of developmental delays
- Infant & Early Childhood Mental Health (IECMH) Alternative-payment model (APM) pilot
- Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports

School-Based Behavioral Health and Suicide Prevention (SBBHSP)

- Establish a Technical Assistance and Training Network (TATN)
- Strengthen statewide guidance and direction
- Improve ratio of social workers in WA schools
- Behavioral health funding for school districts

Workforce and Rates (W&R)

- Fund youth-focused curriculum for Behavioral Health Support Specialists (BHSS)

- Well-being Specialist designation

Youth and Young Adult Continuum of Care (YYACC)

- Support expansion of recovery high schools
- Expand the Bridge Housing Program
- Expand access to peer supports in school settings & professional peer pathways for youth & young people
- Fund administration of Central Assessment of Psychosis Service (CAPS) and streamline the pathway to First-Episode Psychosis Care

Public Comment

See TVW recording (2:49:46)

Highlights

I am a parent of two daughters. My youngest daughter has a complex Autism Profile and is under the age of 13. She is neurodivergent and is not able to make logical mental health decisions for herself. My comment today is the long-standing issue of lack of intensive services in Washington state.

- I am talking about services that are Wise/Wrap Around, that are not hospital admissions, and that are not ABA behaviorism models. I am talking about executive functioning services, Crisis intervention, ADHD services for complex behaviors including Rejection Sensitive Dysphoria training, treatment, and implementation.
- There is a lack of medication consultants who are trained in Autism, ADHD, Pathological Demand Avoidance, ODD, and DMDD. There Is a lack of providers who are qualified to treat Autism, dysregulation, and who can teach, train, and implement the brain science behind this neurological condition, and the neuroscience understanding needed.
- There is a lack of outreach teams for children under the age of 13 in crisis. There is a lack of places for children under the age of 13 that can get intensive services "Appropriate for their diagnosis", lack of PBMU hospital beds at Seattle Children's, lack of Autism specific partial hospitalization, or temporary crisis centers for children having severe behaviors. I would like to see the age of consent changed for children who are neurodivergent raised to over 18. I would like to see more parental rights, more parental consulting, and more parent voice.
- I would like to see more parent training. We are your free unpaid parent caregivers and the first line of defense and the child's first responder. Many if not all the behavior programs I know have and would work for my daughter all cost money and are not paid for by Medicaid. Program that teaches parents about neuroscience, brain science, neurology, physiology, interoception, trauma informed practices, trauma response, Fight, Flight, Fawn and Freeze response, executive functioning, and interoception. Schools are not receiving this training, and either are mental health providers. I would like to comment that DCYF is the main organization that has failed my daughter and me. We have never gotten the appropriate services based on my daughter's complex diagnosis because the actual providers and service needed does not exist and has never been addressed. My daughter and I have been in and out of the mental health system since my daughter 3 years old. We have been failed by the Autism Center, by Seattle Children's Psychiatry, by The UW Autism Center, by Seattle Children's PBMU Unit, by Sound Mental Health, Friends of Youth, ICAN Center,

- Seattle ABA Services, Navos, COORS through YMCA, YMCA Wise/Wrap Around, You Grow Girl, Swedish School Based Mental Health Provider, and Ryther in North Seattle Multiple Times. The Ombudsman Complaint system programs for the Governor's office, and for Behavioral Health have not only not been helpful but dropped the ball on mediating my complaints, have ghosted me, don't' return calls, or even show up to the zooms they coordinated. DCYF has been the main common denominator of the PTSD in my daughter and my life. DCYF does not offer programs that have met our complex needs and did not have a streamlined system to give us appropriate services. By the time we got some of the services that had been so elusive for 8 years, they were abruptly taken away. DCYF is the main culprit for not returning calls, texts, or emails. I urge this committee to please fund parent training about restraint and isolation corrective practices, around the trauma response, around trauma informed practices, around crisis prevention, around the brain science and neurology of children's brain development, around executive functioning, and around suicide prevention. I would also like to see the DOH change their policy around not implementing any consequence, or repercussion for providers who are allowed to have their providers license to lapse for at least 3 years. This does not make any sense to me that providers are allowed to practice in the mental health care system with a lapsed and expired license up to 3 years until they can get the credentials needed to renew up their license at the next level or required professional development. This needs to be erased, and all mental health providers should have active, and up to date licenses without them being allowed to lapse with no recourse.

Review alignment to Systems Map

See TVW recording (2:58:00), see page xx for slide

Highlights

- An overview of the system's map was given as a refresher with a conversation around how to use the map to identify where the levers are to pull to get the most impact for Washingtonians.
- The map does three things;
    1) Expand boundaries;
    2) Find leverage; and
    3) Identify potential unintended consequences.

New and Additional Recommendation Vote

See TVW recording (4:10:05)

Criteria consideration for member vote

1. Actionability
    a. What action would the legislature take based on this recommendation?
    b. What challenges might agencies and providers encounter if implemented?
2. Impact of Equity
    a. What is the potential for the recommendation to decrease or increase equity in the area it addresses?

MentiMeter vote results – New recommendations (member prioritization)

1. RUBI parent training program pilot expansion
2. Strengthen statewide guidance and direction for behavioral health in schools
3. Expand the Bridge Residential housing program

4. Implement a health plan assessment to fund Medicaid mental health counseling "professional fees" at Medicare rates
5. Support expansion of recovery high schools
6. Develop and pilot a dyadic benefit to allow mental health professionals to provide BH supports to young children who may present with symptoms that do not merit a diagnosis.
7. Expand access to peer supports school settings & professional peer pathways for youth and young people
8. Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports *(tied in prioritization with #9)*
9. Establish a Technical Assistance & Training Network (TATN) *(tied in prioritization with #8)*
10. Increase family psychotherapy reimbursement rate
11. Fund youth-focused curriculum for Behavioral Health Supports specialists (BHSS)

MentiMeter vote results – Additional recommendations (member consensus)

- Fund administration of Central Assessment of Psychosis Services (CAPS) and streamline pathway to First-Episode Psychosis care
- Improve ratio of social workers in Washington schools
- Behavioral Heath funding for school districts
- Well-Being Specialist designation

New recommendations

- Behavioral Health Integration (BHI)
- Prenatal through Five Relational Health (P5RH)
- School-Based Behavioral Health and Suicide Prevention (SBBHSP)
- Workforce & Rates (W&R)
- Youth and Young Adult Continuum of Care (YYACC)

Prenatal through Five Relational Health (P5RH)

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Youth and Young Adult Continuum of Care (YYACC)

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- Fund administration of CAPS and streamline the pathway to First-Episode Psychosis Care

Glossary

- CAPS: Central Assessment of Psychosis Service

PURPOSE

LEVER 1a
Increase Behavioral Health Capacity
(by attracting/adding)

LEVER 1b
Increase Behavioral Health Capacity
(by decreasing turnover)

LEVER 2
Increase Effectiveness of Current Capacity

LEVER 3
Increase Access to Support for Struggling

LEVER 4
Support / Sustain the Workforce

LEVER 5
Improve Identification of Struggling

LEVER 6
Build Protective Factors

LEVER 7
Strengthen Vital Conditions